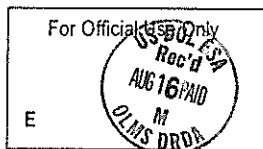


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11183</u>	2. Fiscal Year Covered From: 01 / 01 / 04 Through: 12 / 31 / 04
3. Name and address of person filing. Name <u>Dominic Romanazzi</u> P.O. Box, Bldg., Room No., if any <u>P.O. Box 371</u> Street City <u>Bloomingtondale</u> State <u>IL</u> ZIP Code + 4 <u>60108</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local 330</u> File Labor Organization File Number <u>040-100</u> P.O. Box, Building and Room Number, if any <u>Building B, Suite 201</u> Street <u>2400 Big Timber Road</u> City <u>Elgin</u> State <u>Illinois</u> ZIP Code + 4 <u>60123</u>
5. Position in labor organization. <u>President & Pricipal Officer</u>	

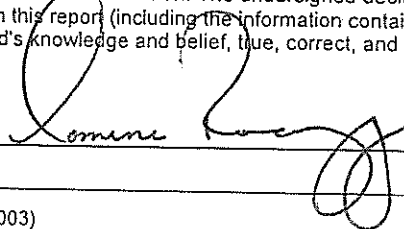
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8/11/2005
Date

847-695-1516

Telephone Number

Name of Person Filing	Dominic Romanazzi	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Suburban Teamsters of Northern Illinois Welfare and Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Unit 121</p> <p>Street 1275 W. Roosevelt Rd.</p> <p>City West Chicago</p> <p>State IL ZIP Code + 4 60185</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Health Insurance Pension Fund</p> <p>11.b. Approximate dollar value of such dealing. \$5,272.02</p> <p>12.a. Nature of interest held or income received.</p> <p>Reimbursed expenses</p> <p>(See separate attached sheet)</p> <p>12.b. Amount. \$5,272.02</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

ATTACHMENT 1 of 1 PAGE 2

SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS WELFARE AND PENSION FUND

	Pension	Welfare	Total
2004 LM 30 INFO - DOMINIC ROMANAZZI			
01/09/04 Registration for educational conference	\$600.00	\$600.00	\$1,200.00
01/27/04 Lunch at monthly Trustees' meeting	\$4.98	\$4.98	\$9.96
02/18/04 Lunch at monthly Trustees' meeting	\$4.38	\$4.38	\$8.76
03/19/04 Lunch at monthly Trustees' meeting	\$5.85	\$5.85	\$11.70
06/01/04 Lunch at monthly Trustees' meeting	\$4.22	\$4.22	\$8.44
06/16/04 Lunch at monthly Trustees' meeting	\$4.52	\$4.52	\$9.04
07/21/04 Lunch at monthly Trustees' meeting	\$4.98	\$4.98	\$9.96
08/18/04 Lunch at monthly Trustees' meeting	\$6.13	\$6.13	\$12.26
10/01/04 Lunch at monthly Trustees' meeting	\$3.85	\$3.85	\$7.70
10/20/04 Lunch at monthly Trustees' meeting	\$4.76	\$4.76	\$9.52
11/12/04 Advance for educational conference	\$1,000.00	\$1,000.00	\$2,000.00
11/23/04 Lunch at monthly Trustees' meeting	\$7.98	\$7.98	\$15.96
12/06/04 Registration for educational conference	\$802.50	\$802.50	\$1,605.00
12/15/04 Lunch at monthly Trustees' meeting	\$6.13	\$6.13	\$12.26
12/30/04 Reimbursement of out-of-pocket expenses for educational conference	\$175.73	\$175.73	\$351.46
			<u>\$5,272.02</u>

Name of Person Filing	Dominic Romanazzi	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Dowd, Bloch & Bennett</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 8 S. Michigan Ave.</p> <p>City Chicago, IL</p> <p>State IL ZIP Code + 4 60603</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Legal services to Local 330</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Received a can of Popcorn at Christmas</p>
	<p>12.b. Amount.</p> <p>\$27.71</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing	Dominic Romanazzi	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Quantitative Management Associates</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 4th Floor</p> <p>Street 2 Gateway Center</p> <p>City Newark,</p> <p>State NJ ZIP Code + 4 07102</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Provides insurance services</p>
	<p>11.b. Approximate dollar value of such dealing. \$42.61</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Christmas gift - wine & cheese</p>
	<p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing	Dominic Romanazzi	File Number U-
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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Mesirow insurance</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 321 N. Clark St.</p> <p>City Chicago</p> <p>State IL ZIP Code + 4 60610</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Provides insurance services</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Christmas gift-fruit basket</p>
	<p>12.b. Amount.</p> <p>\$25.00</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing	Dominic Romanazzi	File Number U-
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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Meyer Material Company</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1819 N. Dot St.</p> <p>City McHenry</p> <p>State IL ZIP Code + 4 60051</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Customer under contract with Local 330</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Christmas gift - turkey</p>
	<p>12.b. Amount.</p> <p>\$25.00</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>